

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT COOPERATION TREATY APPLICATION
(Page 1)**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled NERVE REGENERATING DRUG

the specification of which was filed as PCT International Application No. PCT/JP2004/005503 on 16 April 2004 and was amended under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) on which priority is claimed:

Country	Application No.	Filed (Day/Mo./Yr.)	Priority Claimed (Yes/No)
JP	2003-114579	18 April 2003	Yes

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below.

Application No.	Filed (Day/Mo./Yr.)	Status (Patented, Pending, Abandoned)
-----------------	---------------------	---------------------------------------

I hereby appoint the practitioners associated with the firm and Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to the address associated with that Customer Number:

FITZPATRICK, CELLA, HARPER & SCINTO
Customer Number: 05514

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

6

COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT COOPERATION TREATY APPLICATION
(Page 2)

Full Name of Sole or First Inventor Tsuyoshi Morishita

Inventor's Signature _____

Date _____ Citizen/Subject of Japan

Residence Machida-shi, Japan

Post Office Address c/o BioFrontier Laboratories, KYOWA HAKKO KOGYO CO., LTD.

6-6, Asahi-machi 3-chome, Machida-shi, Tokyo 194-8533 Japan

Full Name of Second Joint Inventor, if any Kazuhito Sakurada

Inventor's Signature Kazuhito Sakurada

Date 21st September 2005 Citizen/Subject of Japan

Residence Same as post office address

Post Office Address 9-16, Misuzugaoka, Aobaku, Yokohama-shi, Kanagawa, 225-0016, Japan

Full Name of Third Joint Inventor, if any Keiko Suzuki

Inventor's Signature _____

Date _____ Citizen/Subject of Japan

Residence Machida-shi, Japan

Post Office Address c/o BioFrontier Laboratories, KYOWA HAKKO KOGYO CO., LTD.

6-6, Asahi-machi 3-chome, Machida-shi, Tokyo 194-8533 Japan

Full Name of Fourth Joint Inventor, if any Shun-ichi Ikeda

Inventor's Signature _____

Date _____ Citizen/Subject of Japan

Residence Same as post office address

Post Office Address 1367-21, Minami-oya, Machida-shi, Tokyo, 194-0031, Japan

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT COOPERATION TREATY APPLICATION**
(Page 1)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled NERVE REGENERATING DRUG

the specification of which was filed as PCT International Application No. PCT/JP2004/005503 on 16 April 2004 and was amended under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) on which priority is claimed:

Country	Application No.	Filed (Day/Mo./Yr.)	Priority Claimed (Yes/No)
JP	2003-114579	18 April 2003	Yes

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below.

Application No.	Filed (Day/Mo./Yr.)	Status (Patented, Pending, Abandoned)
-----------------	---------------------	---------------------------------------

I hereby appoint the practitioners associated with the firm and Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to the address associated with that Customer Number:

FITZPATRICK, CELLA, HARPER & SCINTO
Customer Number: 05514

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT COOPERATION TREATY APPLICATION
(Page 2)

Full Name of Sole or First Inventor Tsuyoshi Morishita
Inventor's Signature *Tsuyoshi Morishita*
Date 20th September 2005 Citizen/Subject of Japan
Residence Machida-shi, Japan
Post Office Address c/o BioFrontier Laboratories, KYOWA HAKKO KOGYO CO., LTD.
6-6, Asahi-machi 3-chome, Machida-shi, Tokyo 194-8533 Japan

Full Name of Second Joint Inventor, if any Kazuhiro Sakurada
Inventor's Signature _____
Date _____ Citizen/Subject of Japan
Residence Same as post office address
Post Office Address 9-16, Misuzugaoka, Aobaku, Yokohama-shi, Kanagawa, 225-0016, Japan

Full Name of Third Joint Inventor, if any Keiko Suzuki
Inventor's Signature *Keiko Suzuki*
Date 20th September 2005 Citizen/Subject of Japan
Residence Machida-shi, Japan
Post Office Address c/o BioFrontier Laboratories, KYOWA HAKKO KOGYO CO., LTD.
6-6, Asahi-machi 3-chome, Machida-shi, Tokyo 194-8533 Japan

Full Name of Fourth Joint Inventor, if any Shun-ichi Ikeda
Inventor's Signature *Shun-ichi Ikeda*
Date 22nd September 2005 Citizen/Subject of Japan
Residence Same as post office address
Post Office Address 1367-21, Minami-oya, Machida-shi, Tokyo, 194-0031, Japan